

**FEC FORM 9****24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

**Health Coalition on Liability and Access**(b) Address (number and street) ☐ check if different than previously reported  
PO Box 78096

(c) City, State and ZIP Code

Washington

DC

20013-8096

(d) Name of Employer or Principal Place of Business

N/A

(e) Occupation

**2. FEC Identification Number****C** C30002125**3. Is This Statement****New**

or

**Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y  
10 / 19 / 2012

through

M M M / D D D / Y Y Y Y Y  
10 / 24 / 2012**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y  
10 / 24 / 2012**(b) Communication Title** Common Sense**6. The filer is a(n):** (a) ☐ Individual (b) ☒ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☒**8. Custodian of Records**

(a) Name

Michael C. Stinson

(b) Address (number and street)

2275 Research Boulevard, Ste. 250

(c) City, State and ZIP Code

Rockville

MD

20850

(d) Name of Employer or Principal Place of Business

Physician Insurers Assn. of America

(e) Occupation

Dir. of Gov't Relations

**9. Total Donations This Statement**

.00

**10. Total Disbursements/Obligations This Statement**

29995.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Michael C. Stinson

SIGNATURE

Michael C. Stinson[Electronically Filed]

DATE

10/25/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

**List of Person(s) Sharing/Exercising Control**  
 (use additional pages as necessary)

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**11. Person(s) Sharing/Exercising Control**
**A. (a) Name Transaction ID : F91.000001**

Michael Stinson

(b) Address (number and street) 2275 Research Boulevard, Ste. 250

(c) City, State and ZIP Code

Rockville

MD 20850

(d) Name of Employer or Principal Place of Business

Physician Insurers Assn. of America

(e) Occupation

Dir. of Gov't Relations

**B. (a) Name Transaction ID : F91.000002**

Katie Orrico

(b) Address (number and street) 725 15th St., NW, Suite 500

(c) City, State and ZIP Code

Washington

DC 20005

(d) Name of Employer or Principal Place of Business

American Assn of Neurologic Surgeons

(e) Occupation

Director

**C. (a) Name Transaction ID : F91.000003**

Graham Newson

(b) Address (number and street) 317 Massachusetts Ave., Suite 1000

(c) City, State and ZIP Code

Washington

DC 20002

(d) Name of Employer or Principal Place of Business

American Assn of Orthopaedic Surgeons

(e) Occupation

Assoc. Dir. Gov't Rel.

**D. (a) Name Transaction ID : F91.000004**

George Cox

(b) Address (number and street) 25 Massachusetts Ave., Suite 600

(c) City, State and ZIP Code

Washington

DC 20001

(d) Name of Employer or Principal Place of Business

American Medical Assn.

(e) Occupation

Director, Div of Lgl Cnsl

**E. (a) Name Transaction ID : F91.000005**

Ray Quintero

(b) Address (number and street) 1090 Vermont Avenue, Suite 510

(c) City, State and ZIP Code

Washington

DC 20005

(d) Name of Employer or Principal Place of Business

American Osteopathic Assn.

(e) Occupation

Dir., Gov't Relations

**SCHEDULE 9-B**

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**Disbursement(s) Made or Obligation(s)**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>Issue &amp; Image Production Services</b> <hr/> Mailing Address of Payee 211 N. Union Street <hr/> City State Zip Code Alexandria VA 22314 <hr/> Name of Employer Occupation <hr/>				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY  10 / 19 / 2012 </div> <hr/> Amount <div style="border: 1px solid black; padding: 2px;"> 5000.00 </div> <hr/> Communication Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY  10 / 24 / 2012 </div>	
Purpose of Disbursement (Including title(s) of communication(s)) Production of radio ad - "Common Sense"				<b>Transaction ID : F93.000001</b>	
Name of Federal Candidate James Matheson		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 04		Disbursement/Obligation For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Transaction ID : F94.000002</b> Name of Federal Candidate 				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

  

<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <b>Issue &amp; Image Media Placement</b> <hr/> Mailing Address of Payee 211 N. Union Street <hr/> City State Zip Code Alexandria VA 22314 <hr/> Name of Employer Occupation <hr/>				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY  10 / 19 / 2012 </div> <hr/> Amount <div style="border: 1px solid black; padding: 2px;"> 24995.00 </div> <hr/> Communication Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY  10 / 24 / 2012 </div>	
Purpose of Disbursement (Including title(s) of communication(s)) Placement of radio ad - "Common Sense"				<b>Transaction ID : F93.000002</b>	
Name of Federal Candidate James Matheson		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 04		Disbursement/Obligation For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Transaction ID : F94.000004</b> Name of Federal Candidate 				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

  

<b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ▶		<div style="border: 1px solid black; padding: 2px;"> 29995.00 </div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶ (carry total from last page to Line 10)		<div style="border: 1px solid black; padding: 2px;"> 29995.00 </div>